



## Release of Liability Waiver

### Parent/Guardian's Consent and Release

I, \_\_\_\_\_, hereby consent to my child/ward, \_\_\_\_\_, participating in virtual reality experiences at **Surge VR Arena**. I understand that my child/ward will be using virtual reality equipment and technology, and I acknowledge that there are risks and hazards associated with such use.

### Release of Liability

I hereby release and hold harmless **Surge VR Arena** its officers, employees, and agents from any and all claims, demands, or causes of action that may arise from my child/ward's participation in virtual reality experiences at the arena, including but not limited to:

Any injuries or damages that may occur as a result of my child/ward's use of the virtual reality equipment and technology;

Any loss or damage to personal property, including but not limited to, headsets, controllers, and other equipment;

Any emotional distress or psychological trauma that may result from my child/ward's participation in virtual reality experiences;

Any claims arising from the arena's failure to provide adequate supervision or instruction on the use of the virtual reality equipment and technology.

### Assumption of Risk

I understand that my child/ward will be participating in virtual reality experiences at the arena, and I acknowledge that there are risks and hazards associated with such use. I assume the risk of injury or damage to my child/ward's person or property, and I release and hold harmless **Surge VR Arena** from any and all claims, demands, or causes of action that may arise from such use.

### Medical Treatment

I hereby grant permission to **Surge VR Arena** to provide medical treatment to my child/ward in the event of an emergency. I understand that the arena will make every effort to contact me or my emergency contact before providing treatment, but I acknowledge that this may not always be possible.

## Photography and Video

I hereby grant permission to **Surge VR Arena** to take photographs and/or videos of my child/ward during their participation in virtual reality experiences at the arena. I understand that these photographs and/or videos may be used for promotional purposes, and I hereby release and hold harmless the arena from any and all claims, demands, or causes of action that may arise from such use.

### Signature

I, \_\_\_\_\_, hereby sign this release of liability waiver and consent form voluntarily, and I acknowledge that I have read and understood its terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian's Contact Information

Please provide the following contact information:

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

### Additional Information

Please provide any additional information that may be relevant to your child/ward's participation in virtual reality experiences at the arena, such as any medical conditions or allergies.

### Signature of Minor

If the minor is 18 years or older, they must sign this waiver and consent form themselves.

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_